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**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

EDWARD PEÑA

Plaintiff(s)

v.

INTERNATIONAL MEDICAL DEVICES, INC., et al.,

Defendant(s).

CASE NUMBER

2:22-cv-03391-SSS-PLAx

**(PROPOSED) ORDER ON APPLICATION OF  
NON-RESIDENT ATTORNEY TO APPEAR IN  
A SPECIFIC CASE *PRO HAC VICE***

**The Court, having determined whether the required fee has been paid, and having reviewed the Application of Non-Resident Attorney to Appear in a Specific Case *Pro Hac Vice* filed by**

Montgomery, Evan D.

of

*Applicant's Name (Last Name, First Name & Middle Initial)*

(816) 474-6550

(816) 421-5547

*Telephone Number**Fax Number*

emontgomery@shb.com

*E-Mail Address*

SHOOK, HARDY &amp; BACON L.L.P.

2555 Grand Blvd.

Kansas City, MO 64108

*Firm/Agency Name & Address*

**for permission to appear and participate in this case on behalf of**

International Medical Devices, Inc., Menova International, Inc., Gesiva Medical, LLC, James J. Elist, M.D.,  
a Medical Corporation, and Dr. James Elist

*Name(s) of Party(ies) Represent*☐ Plaintiff(s) ☒ Defendant(s) ☐ Other: \_\_\_\_\_

**and designating as Local Counsel**

Montenegro-Urch, Mayela C.

of

*Designee's Name (Last Name, First Name & Middle Initial)*

304471

(949) 475-1500

(949) 475-0016

*Designee's Cal. Bar No.**Telephone Number**Fax Number*

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*Firm/Agency Name & Address*

**HEREBY ORDERS THAT the Application be:**

☐ GRANTED☐ DENIED:☐ for failure to pay the required fee.☐ for failure to attach a Certificate of Good Standing issued within 30 days prior to filing of Application.☐ for failure to complete Application: \_\_\_\_\_☐ pursuant to L.R. 83-2.1.3.2: ☐ Applicant resides in California; ☐ previous Applications listed indicate Applicant is regularly employed or engaged in business, professional, or other similar activities in California.☐ pursuant to L.R. 83-2.1.3.4; Local Counsel: ☐ is not member of Bar of this Court; ☐ does not maintain office District.☐ because \_\_\_\_\_

**IT IS HEREBY FURTHER ORDERED THAT the Application fee, if paid:** ☐ be refunded ☐ not be refunded.

**Dated:** [Click here to enter a date.](#)

\_\_\_\_\_  
**U.S. District Judge/U.S. Magistrate Judge**